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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. Patent Application of

YAMAMURA et al.

Application Number: 10/607,050

Filed: June 27, 2003

**For: EVALUATION METHODS OF INTERFERON β
TREATMENT AGAINST MULTIPLE SCLEROSIS**

Attorney Docket No. NITT.0144

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) **Examiner Marina I. Miller**
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) **Art Unit 1631**
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**Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	6	6	XXX (Over 20)	x \$50	0
Independent Claims	2	2	XXX (Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
			TOTAL		0.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[x] Supplemental Response to
Restriction Requirement
[] Substitute Specification
[] Preliminary Amendment
[] Information Disclosure Statement

[] Petition for Extension of Time
[] Terminal Disclaimer
[] Letter to Draftsperson w/ __ sheets of
replacement drawings
[] Other _____

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [] A check in the amount of **\$0.00** to cover the _____ fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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February 24, 2006

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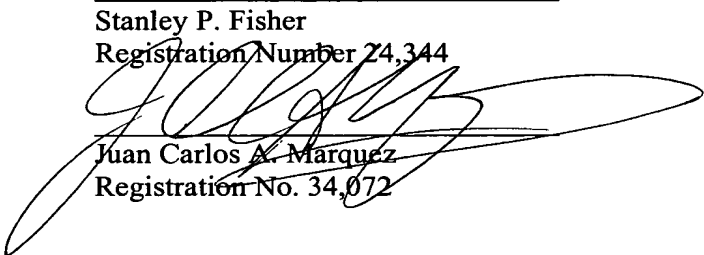
Should there be any outstanding issues requiring discussion that would further the prosecution and allowance of the above-captioned application, the Examiner is invited to contact the Applicant's undersigned representative at the address and telephone number indicated below.

Respectfully submitted,

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SPF/JM/CEA